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ABSTRACT

Part of a series of Rural Network monographs concerning rural service delivery to young handicapped children and their families, this collection of four papers identifies problems inherent in finding appropriate personnel to work in rural areas, suggests strategies for retaining staff, and describes three distinctly different training programs illustrating solutions to the problems. The three programs apply to different target audiences, providing a comprehensive picture of ways to better achieve quality personnel to serve the handicapped. The programs described are: the Western Illinois University 0-6 Early Childhood Education Personnel Preparation Project; the Family, Infant and Toddler Project at Vanderbilt University, Nashville, Tennessee; DEBT (Developmental Education Birth to Two) Outreach Training Staff (D.O.T.S.) Program. The papers included are: "Recruitment and Retention of Personnel in Rural Areas" (Castro), "Approach for Training Early Childhood Teachers: WIU 0-6 Early Childhood Handicapped Personnel Training Project" (Hutinger), "An Inservice Training Program for Rural Area Professionals Concerned with Early Childhood Special Education" (Davis and Porter), and "Training Rural Volunteers to Deliver Services to Handicapped Infants: The D.O.T.S. Approach" (Galey, Garner, Pillans, and Solomon). (NEC)

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MAKING IT WORK IN RURAL COMMUNITIES

Training, Recruiting, and Retaining Personnel in Rural Areas

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A Rural Network Monograph

RC 013109

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About the Rural Network Monographs

The State of the Art Task Force has as its responsibility the collection and distribution of information related to effective strategies for delivering services to rural young handicapped children and families. During 1980 - 81, a series of monographs was undertaken by contributors across the country under the editorial direction of Patricia Hutinger. Contents of the first set of monographs (see back cover) reflects the most pressing needs of rural HCEEP projects. Other topics are under consideration by members of the Rural Network and will be forthcoming.

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OSE Project Officer, Sandra Hazen

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A RURAL NETWORK MONOGRAPH

TRAINING, RECRUITING, AND RETAINING PERSONNEL IN RURAL AREAS

by
Glendon Casto
Judith A. Davis
Gloria Galey
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hceep Rural Network

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INTRODUCTION

Bonnie Smith-Dickson

The purpose of this monograph, one of the initial series of nine HCEEP Rural Network monographs concerning rural service delivery to young handicapped children and their families, is to delineate problems and approaches related to recruiting and maintaining adequately trained professionals in service delivery roles in rural areas, and then to look at specific training programs employed by three federally funded projects. The training programs described were all developed to provide more specialized training to professional service providers and volunteers in rural areas, thereby insuring the availability of more comprehensive services for young handicapped children.

Casto's paper discusses the problem of recruitment and retention inherent in rural service delivery and suggests that the studies which have been undertaken in this area offer strategies for resolution of those problems. Personal aspects and characteristics of individuals which need to be considered when recruiting personnel for rural programs are presented. Conditions which the applicant needs to be aware of when considering a position in a rural environment and which will determine whether he/she can function well in a rural area are also described. Casto then goes on to discuss factors which determine the retention of personnel in rural service delivery: job related influences and influences related to the environment. He presents a specific staff development and inservice training program which is found at the Exceptional Child Center at Utah State University and is easily adopted by any program or agency. Casto emphasizes the importance of recruiting those professionals most likely to stay in rural areas, then making every effort to ensure their job longevity.

Hutinger's paper then goes on to describe a specific training program offered by a university in a rural setting to meet the challenge of the shortage of well-trained early childhood handicapped personnel and training programs at the college level. The Western Illinois University 0-6 Early Childhood Handicapped Personnel Training Project serves to meet three needs: 1) state personnel needs, 2) teacher employment and preparation needs, and 3) handicapped children's needs. It is a participation-based program for undergraduate or graduate students, training them to work with noncategorically handicapped children, ages birth to six in a variety of service delivery settings. Interdisciplinary in nature, the program is built on already existing curricula and leads to certification. Hutinger discusses the training program in depth, covering the program development and characteristics, the curricula, the field experiences, the competencies and the evaluations of both the students and the program. The success of the training program seems to be the focus on early childhood, the interdisciplinary nature of the program, the field work in which the students are involved and the competencies which must be met.

Davis and Porter present another training project developed by the FIT Project in Nashville, Tennessee which serves to unify the service providers within a community. The objectives of the FIT training program are to provide family-mediated programs of service to young children with handicaps and to increase the number of trained professionals able to provide services within a community. This is accomplished through the provision of educational clinics and professional inservice training programs which offer training to locally employed professionals. Davis' and Porter's description of the program provides a comprehensive overview of the participants, the structure of the program, the content areas covered and the operation of the program. We see how these in-service training sessions and clinics serve to spread information and knowledge among the professionals working within a community, allow them to share ideas, responsibilities and goals, and lead to open communication and increased assessibility to the resources available within a community. As a result more comprehensive services are offered to young handicapped children and their families. The training program can be adopted in other communities.

The paper from the personnel at the DEBT Project describes the D.O.T.S. training program developed for volunteers. Two purposes are behind the training: 1) for volunteers to acquire basic competencies needed to identify young handicapped children and to be aware of the services available within the community and 2) for educators and volunteers to become informed as to services provided through the state and local agencies. The authors describe the recruitment procedures used and actual steps of the training: preservice training, field experiences and on-site evaluations. They provide an indepth picture of the training content, including the use of video materials and supplemental readings. This particular program can also be adopted by other agencies.

Together, the four papers acquaint the reader with the problems inherent in finding the appropriate personnel to work in rural areas, suggest strategies for retaining staff, and then give three distinctly different training programs which serve to offer solutions to the problems. The three programs described all apply to different target audiences, providing a comprehensive picture of ways to better achieve quality personnel to serve young handicapped children and their families.

RECRUITMENT AND RETENTION OF PERSONNEL IN RURAL AREAS

Glendon Casto

The problems inherent in recruiting and retaining sufficient personnel to provide adequate services for the handicapped in rural areas cut across every human service agency. For example, Roemer (1976) reported that in the health care area, 80% of the professional people tend to be concentrated in urban areas. Helge (1981) found that 94% of states surveyed by the National Rural Project reported that recruiting and retaining qualified staff were major problems for rural education agencies. Sometimes when sufficient staff do exist, they are poorly qualified. Hofmeister (1976) surveyed rural centers in Utah and Neveda that provide services to the developmentally disabled and found that over 30% of the service-providing staff were not trained at an adequate professional level. A study by Hollingsworth & Hendricks (1977) surveyed the staffing patterns of 10 rural mental health centers throughout the United States and found that less than 10% of the staff were professional level, with the balance of service provision coming from paraprofessionals, aides, social service case workers, and volunteers.

Realizing the problem of attracting and retaining rural service providers of high professional quality, it is imperative that solutions be devised and tested empiracally. Suggestions as to the resolution of recruitment and retention problems can be found in a review of the studies that have been undertaken in this area.

Recruitment

It is essential for project directors and those professionals involved in hiring personnel to be informed about the necessary and sufficient conditions for living and working successfully in rural areas when recruiting personnel. These conditions need to be assessed and carefully reviewed with job applicants in order to hire individuals who are likely to most successfully work within the rural environment.

Previous Experience in a Rural Environment

If persons have not had previous work experience in sparsely populated areas, then a sponsored site visit should be provided so that potential service providers can see for themselves if they can live and work successfully in a particular rural environment. Helge (1981) identified geographic factors such as marginal highways and far-reaching distances between schools as being major problems in rural areas. If one is used to these conditions, they are not seen as major problems; if one is not, they can be devastating.

Appreciation of Rural Cultures

One doesn't have to understand and appreciate rural cultures to function in them, but such understanding and appreciation does contribute to job effectiveness. Greenbaum (1968) reported on a director of a small, rural mental health clinic who utilized his ability to understand local cultures to achieve success in a rural clinic. Withholding judgment about mores not only prevents problems, but facilitates being accepted into a local culture rapidly. Such small items as learning about local history and geography, and learning survival language phrases in local minority languages contribute to one's acceptance.

Professional Independence

One of the biggest frustrations for professionals in rural areas is not having the ability to consult with other professionals on a daily basis. Furthermore, the inability to participate in meaningful in-service training further compounds the problem. The solution seems to be two-fold. First, recruit those individuals who are self-sufficient and able to function somewhat independently on the job; and, second, develop systems of in-service training that work in rural areas. Such systems, whether they be the highly structured ongoing in-service training advocated by Fredericks et al. (1975) or packaged in-service training as advocated by Hofmeister (1976) provide the necessary updating of skills.

Personal Support System

Having a personal support system consisting of friends and co-workers who live and work in the same rural area is also important for the rural professional. Having people in the same community who can be depended on in case of emergencies, who allow the worker to share personal feelings, and who provide positive reinforcement and constructive criticism is crucial. Many times, this personal support system will maintain a rural area professional in a community even if his job is not entirely satisfactory.

Rural Recreational Interests

Having recreational or leisure time interests that match the rural environment provide the potential service provider with several benefits. The first benefit is that leisure time activities can serve as beneficial "time outs" from job stress. In fact, not having such interests can contribute to job burnout since the worker finds leisure time very boring or frustrating. "There's nothing to do in this community" is a common complaint of professionals in rural areas. Job burnout is defined as a loss of job effectiveness with associated emotional and physical disorders and complaints; this often results from prolonged and unmanageable stress which can be both job and environment related.

In recruiting personnel for rural areas then, attention should be given to the fact that persons having the attributes mentioned previously are more likely to want to go to rural areas and are more likely to stay on the job once they get there.

Retention

Once a person is recruited for a position in a rural area, two factors come into play that have important influence on a person's longevity in that position. Broadly stated, these factors include job-related influences and factors related to the local environment.

Under job-related influences fall variables such as: a) satisfaction with defined duties; b) physical environment in which work is conducted; c) salary and fringe benefits; d) relationships with supervisor and co-workers; e) reinforcement from students or clients; f) availability of support services; and g) in-service training opportunities.

Influences Related to the Job

Satisfaction with defined duties. Most job-related influences can be altered. The important thing is to collect data at each local project level that pinpoints sources of job dissatisfaction. Then, remedial steps can be taken. For example, a regional early intervention program in a sparsely populated area had many dissatisfied employees. A survey was done which revealed that employees were unsure of their job responsibilities and unsure of the organizational structure of the agency. A team of parents, board members, and professionals were able to develop a table of organization, clearly stated job descriptions, and policies and procedures to be utilized in carrying out the activities of the regional program. The remedial procedures took four days and prevented many staff resignations.

As stated earlier, the assessment of job satisfaction levels of employees on a formal or informal basis can lead to job-related improvements which dramatically increase job satisfaction.

Physical environment in which work is conducted. Numerous studies have reported on the effects of various facilities on worker productivity and satisfaction. Farnkin et al. (1977) reported on two mental health teams who moved from an old, drab clinic building to a new building. A third team remained in the old building. The staff in the new surroundings reported a significant increase in satisfaction with their physical environment as compared to the staff that did not move. More importantly, their satisfaction with the improved physical environment resulted in improvements in their overall job satisfaction ratings. Many early special education programs were located in unwanted and unused facilities. An ugly or overcrowded facility can have a depressing effect on both children and staff.

Salaries and fringe benefits. Unlike the North Slope oil project in Alaska, where bonus pay for living and working in rural areas is astronomical, most rural personnel suffer from being overworked and underpaid. This situation persists despite the fact that surveys such as Needle, Griffin & Svendsen (1980) demonstrate the importance of salaries and fringe benefits to rural professionals.

If sufficient monies do not exist to pay competitive salaries, then considering alternative service delivery strategies might be feasible, these include hiring fewer persons at a professional level at competitive salaries and hiring more paraprofessionals.

Relationships with supervisors and co-workers. Peer and supervisory support may help alleviate job stress in difficult situations and assist in retaining personnel. This help may be in the form of information to assist with unusual problems, in addition to the provision of emotional support (Daley, 1979). Supervisors and peers also provide most of the reinforcement. When that reinforcement is adequate, job satisfaction is rated higher. Supervisors allowing their employees to use their discretion concerning sick and annual leave can help alleviate job stress and help retain employees.

Of the coping strategies suggested, perhaps the most effective and practical way to help retain existing staff is to develop a support network among staff members who work together. By cultivating a sense of group membership, it is hoped that no one staff member will become isolated and overwhelmed by the stresses of work. It is beneficial for staff members to have access to emotional support from their co-workers. One's colleagues can be quite helpful in helping establish reasonable goals and expectations, as well as in helping one to cope with stresses caused by work.

Reinforcement from students or clients. This relates closely to the severity of client problems. The most severely impaired clients are usually the most difficult because of their slow response to treatment. It may be frustrating to wait weeks and sometimes months for noticeable improvement. It has been suggested that this problem may be alleviated by arranging for all staff members to share the caseload and also to rotate the more difficult clients repeatedly. One of the unique problems of the rural area professional staff is that it is usually small, so efforts toward rotating clients must be carefully planned.

Another suggested coping mechanism that has a possibility of success for the rural professional is to allow staff members to get away from direct client contact and spend some working hours doing other duties such as administrational and community speaking (Pines & Maslach, 1978).

It has also been suggested that changing the function of staff meetings may be an effective burnout prevention technique (Pines & Maslach, 1978). Instead of just being a time to get together and

discuss clients and administrative policies, Maslach has suggested that staff members be encouraged to offer input into institution policy-making, as well as to exchange support with each other and discuss job stress in a more informal manner.

Availability of support services. A sixth job-related factor that contributes to higher retention rates is the availability of support services. Again, if rural personnel have access to direct communication with technical assistance personnel, they are less likely to feel isolated and alone. WATS line communication channels can be set up and dedicated closed-circuit television can be utilized to transmit training and technical information. Other support system services contributing to the retention of rural personnel are information dissemination systems, access to some type of technical assistance, and access to regional and national conferences.

Information dissemination systems can include newsletters, dissemination of information regarding new or innovative programs, supplying grant or program development information of particular importance to rural service providers or answering requests for information from rural professionals. Such systems can be operated on a national, regional, state, or local basis.

Technical assistance needs can usually be met by state or regional agencies. In some cases, rural areas can become replication sites for federally funded projects and receive technical assistance this way.

Having access to regional and national conferences is also a necessary part of a good staff support system. Such conferences assist in upgrading skill levels and serve as welcome breaks.

Staff development and in-service training activities. Another job-related factor that contributes to higher retention rates is improved staff development and in-service training capability. Many times, staff members in rural settings are isolated from professionals in the field. To maintain and improve their skill levels, individual training plans should be developed for every individual in an organization. These plans should be individualized, but they may contain both individual and group training activities.

The Exceptional Child Center, located at Utah State University, is an example of an organization involved in delivering in-service training to developmental disabilities specialists in remote, rural areas. The training provided includes individual activities and a series of nine complete training packages which are utilized in in-service settings. Each package is self-contained and complete, including a videotape presentation prepared by a professional expert in the topic being covered, a participant's manual, resource materials, and specific instructions and resource materials for the staff member designated to coordinate the local training session. This model allows the service agency to conduct training sessions as they are needed and desired by service providers anywhere in the state.

For each session, a professional, with expertise concerning the information or skill to be trained, developed the training materials. The prime training vehicle is a videotape presentation organized by the consultant to present the material in the most effective manner possible. The greatest advantage of the videotape format is the opportunity to include stimulating and graphic variations on the typical lecture format to which direct on-site training is limited. The video materials include simulated conferences, selected actual interviews, demonstrations of skills, and dramatizations of content or technique. Such vehicles can be used to demonstrate or enhance points being made by the lecturer in a manner not available to a consultant brought in for short-term training. In this way, one is able to provide intensive, stimulating, and varied training in a very limited period of time.

Materials were prepared for the participants of each session to accompany and increase the effectiveness of the training in each session. Each participant received a manual to be retained for future reference which covered all material presented in the training tape, as well as additional information and resource materials. To ensure involvement and maximum comprehension and internalization of material presented by the participants, each session included two or more practice exercises. These exercises ranged from group activities involving application, interpretation, or role playing of skills and techniques described to discussion of specific information, suggestions, or facts presented in the taped presentation and printed materials.

To determine how well the objectives of the session had been met, each participant was, individually, required to complete a final test on the material covered. This, too, was accomplished by using self-scoring response cards to provide participants with non-threatening immediate feedback on the accuracy of their responses. A criterion of 80% accuracy was established.

All in all, this in-service training model represents a simple, flexible, and highly cost-effective means of providing regular, quality, specialized training to service providers in rural, remote areas. The utilization of such a model appears to be limited only by the imagination and skill of its developers. It has been shown to adapt well to a great variety of skills and content material. Such a model provides an excellent, intensive, non-threatening and stimulating approach to in-service training, particulary in those areas where such services have proven difficult. The flexibility of this model allows the delivery of specifically tailored-quality training in an easily implemented, reusable format to staff at any locale.

Where videotape capability does not exist, packaged training materials can be developed utilizing a format that Project ISTRA (a developmental disabilities project of national significance entitled Innovations in Service and Training in Rural Areas; the project is located at Utah State University's Exceptional Child

Center) utilized in developing training packages for use in rural areas. These packages are stand-alone instructional systems which contain terminal objectives, instructional sequences, criterion tests, and suggested media. The packages can be utilized by on-site personnel to deliver high-quality in-service training. The use of packaged training programs ensures that critical skills are acquired by key staff members, provides training of large numbers of people economically, and allows flexibility in meeting specific training needs. In addition, the criterion tests enable one to document levels of skills attained through in-service training programs.

Influences Related to the Local Environment

Environmental variables that contribute to retention include degree of satisfaction with: a) cultural and recreational opportunities, b) degree of acceptance by members of a rural community, and c) degree of acceptance of local geography and climate.

Cultural and recreational opportunities. To the extent that a worker's cultural and recreational interests match those available in the rural environment he/she is more likely to remain in that environment. When there is a clear mismatch, some adjustment must occur or the worker is not likely to remain. Tucker (1970) has advocated that workers take an inventory of their own cultural and recreational interests, take an inventory of those available in the local culture, and then develop an individual plan of action to maximize their cultural and recreational opportunities. In some cases, substitutions can be made, i.e., water skiing for snow skiing. In other cases, trips outside may be planned to meet cultural or recreational needs.

Acceptance by members of rural communities. Many rural communities view outsiders with suspicion and mistrust. Being alienated from community life results in increased stress and reduced productivity. This alienation may occur because the community is slow to accept outsiders, or it may occur because the outsider is culturally arrogant and tends to belittle the local community. In either case, acceptance may be gained by showing genuine interest in community life and reacting positively to the community.

Acceptance of local geography and climate. A rural worker in Utah complained bitterly about the amount of driving required to deliver services in remote, isolated areas. Another worker refused to complain, even though she wore out a new automobile in 18 months time. The first worker came from a large metropolitan area where she drove as little as 100 miles per month. The second grew up in the service delivery area and routinely drove 2,000 miles per month. Geographic and climatic differences exist in rural areas which can be taken in stride or which pose serious problems. Acceptance of such variations is part of the characteristics of those service providers who tend to remain in rural areas.

Conclusion

The cost of replacing rural professionals who leave positions after a short time has never been calculated. If such costs could be ascertained, they would be staggering. This is one of the critical factors in rural service delivery that must be foremost in our minds. When recruiting a staff, we must direct our attention to recruiting those professionals most likely to remain in rural areas and then take all possible measures to ensure their job longevity.

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APPROACH FOR TRAINING EARLY CHILDHOOD TEACHERS: WIU 0-6 EARLY CHILDHOOD HANDICAPPED PERSONNEL TRAINING PROJECT

Patricia Hutinger

Since the passage of Public Law 94-142, which represents a comprehensive commitment to providing equal education opportunity for handicapped children, whether rural or urban, there has been increasing emphasis on serving very young handicapped children and their families. But who is to fill the role of service provider or teacher? The critical need for services for handicapped children, beginning at birth, presents a tremendous challenge both to public school systems and to university teacher training programs, the economic and political climate of the nation in 1981 contributing in part to this challenge. There is not only a shortage of well-trained early childhood handicapped personnel, but also there is a corresponding shortage of early childhood handicapped training programs in colleges and universities. Even fewer programs focus on training personnel for work in rural communities. The purpose of this paper is to describe one training program offered by a university in a rural setting.

Public schools in a number of states must provide services for very young handicapped children in both rural and urban settings. In the 1977 edition of Planning Programs for Early Education of the Handicapped (Ellis & Cross), the editors reported that eight states had mandated educational services for handicapped children beginning at birth, while 23 other states have permissive legislation to serve that population. Several states have legislated services for the child beginning at birth if the child has an obvious specific handicap (such as blindness or deafness). The trend toward providing increased services to handicapped children below the age of three will be likely to continue, particularly as more evidence attesting to the efficacy of very early intervention is amassed. Many states mandate that services begin at age three. However, rural schools find themselves hard-pressed to provide services for young exceptional children. Hiring and recruiting personnel for rural programs is a major part of the problem, in addition to the existence of funding formulas weighted in favor of urban schools. State educational agencies have been seeking ways to develop programming to train personnel for early childhood programs.

In order to meet the needs for personnel to work in early childhood handicapped (ECH) programs, faculty at Western Illinois University developed the 0-6 ECH Personnel Preparation Project. Major impetus for the 0-6 Project came from an already successful federally funded First Chance birth-to-three rural program (The Macomb 0-3 Project: A Rural Child/Parent Service) which began in 1975. The WIU 0-6 Project addresses itself to three vital issues: state personnel needs, teacher employment and preparation needs, and, ultimately, handicapped children's

needs. Focusing on the birth to six spectrum provides personnel who can develop programming for infants, toddlers, and the 3-5-year-old range, depending on the age emphasis in the employing school district or agency. Practicum work is carried on in rural schools and agencies.

Teacher education programs are not geared to expeditious change. Although there has been much action in the field of early intervention, it has been largely related to program content and to children's needs. Attention to personnel demands, whether pre-service or in-service, is relatively recent. The WIU 0-6 Project, therefore, has concentrated on developing a program that utilizes already existing curricula in the college and university as a base on which to build an innovative program of personnel preparation. A strong Early Childhood program has been in place since 1968, so coursework was already approved at undergraduate and graduate levels. Because of the rural commitment of the University, the project has a rural focus, but cannot be said to be a vehicle for training rural personnel alone, since graduates also work in large communities. Nevertheless, because the WIU 0-6 Project was developed from the needs found in a rural First Chance project, uses that project as a practicum site, and shares the same director, content related to rural programs is emphasized at all points.

Project Development

Planning the Project was a cooperative venture among university faculty, students, and agencies that serve children. During the planning stages, five undergraduate students served as advisory and planning members of the team who developed the Project. In addition, the staff of the Warren Achievement School in Monmouth, Illinois (a community of 15,000) were members of the planning team. The school is a facility designed especially for severely handicapped children. Three preschool handicapped teachers (practicum site staff) were involved in planning the Project and serve as practicum site supervisors. These teachers are housed in Bushnell and Colchester, communities of less than 10,000. Also involved in planning were personnel from the Western Illinois Association for Handicapped, and the West Central Illinois Special Education Cooperative, as well as the project co-directors of the Macomb 0-3 Regional Project at Western Illinois University, another practicum site. In addition, a member of the Illinois Office of Education was involved in planning. All these people provided information regarding Project content, necessary competencies, dimensions for evaluation, and procedures for implementing practicum experiences.

Project Description

The WIU 0-6 Project, which began in 1977, is a participation-based program, designed to train professional educators in the competencies that will enable them to work with noncategorically handicapped children from birth to six years of age in a variety of service delivery settings. A two-semester, fifth-year program, it is interdisciplinary in nature, with faculty from three colleges and four departments. Students also come from different backgrounds and majors.

Students who complete the program have both knowledge and skills to serve as classroom teachers in preschool handicapped rooms; as teachers in birth to six programs in various public and private settings; as home-based teachers for children from birth to six and their parents; as physical education-therapists in schools, institutions and/or homes; as psychologists and/or guidance counselors for children and their parents; as camp or recreational personnel for handicapped children; or as speech therapists and/or audiologists in a variety of preschool programs. Prospective employers from many states seek personnel for Early Childhood Handicapped (ECH) programs. All graduates of the program have been placed; many more could be placed than are available.

Training in the 0-6 Project is designed to take place at the junior year level. There is also a graduate component for students seeking the Masters degree. Most undergraduate students come from the University's basic curriculum which emphasizes a broad basic preparation. The College of Education provides some beginning level field-based experiences. Students also enter from junior colleges with basic course work and experiences. The 0-6 ECH Personnel Training Program is designed as a two semester sequence.

Coursework in the 0-6 Project originally consisted of courses which were a part of the curriculum when the Project began. Three new courses have been developed. Two of those courses are Special Education courses in early childhood handicapped (one in characteristics, the other in methods) and the third is a graduate course in programs for infants.

The 0-6 Project provides a part of the coursework in several programs which prepare personnel to work with young children and leads toward teaching certification. The Department of Special Education has a program for certifying Special Education personnel (Illinois Type 10 certificate), while the Department of Elementary Education has an approved expanded program in Early Childhood which leads to the Early Childhood certificate (Illinois Type 2 certificate). Child Development students in Home Economics may also work toward an Illinois Type 2 certificate in the Early Childhood program.

Program Characteristics

Four factors which interact with one another are responsible for the unique characteristics of the WIU 0-6 Project. First, the focus on early childhood, beginning at birth, provides a unifying element. Second, the interdisciplinary nature of both faculty and students provides a unique blend. Third, the extensive field-work provides a broad base of experience for students, with accompanying input from practica-site personnel. Fourth, the competencies developed in the project provide a unique set of skills and knowledge especially targeted for those who plan to work with the very young child and his/her family.

Faculty team members are housed in four departments across three colleges (Education, Health, Physical Education and Recreation, and Applied Science). Faculty share instructional responsibility and make specific content contributions. Team members come from Special Education,

Elementary Education--Early Childhood, Home Economics--Child Development, and Physical Education. Content includes methods and materials, characteristics of handicapping conditions, psychoeducational evaluation, behavior management, philosophy, curriculum organization, administration, programs, development, assessment, family relations, nutrition, motor development, adaptives, activities, movement and kinesiology.

The WIU 0-6 Project provides a forum for the exchange of ideas and techniques relating to the young handicapped child. Students training in the program have the opportunity for exposure to a broad range of interests, orientations, and knowledge bases.

Project faculty develop instructional strategies designed so that the students can gain the appropriate competencies. Team members are also responsible for supervising students in practicum sites, working cooperatively with the staff in those sites and providing in-service training where needed. Project faculty are involved in team teaching, cooperative planning, evaluation, development of new materials, and recruiting students into the program.

The program philosophy is one that calls for extensive practical experience with young children, both handicapped and those that are developing normally. Rather than concentrating coursework at the beginning of the program and practical experiences at the end, practical experience with children is an integral part of all phases of the WIU 0-6 Project.

Students spend well over 100 hours in practicum settings working with both handicapped and typical young children. Supervisory personnel, who are also involved in planning, evaluate both student performance and project activities. Practicum sites include: preschool handicapped classrooms in the counties surrounding Western Illinois University; a home-based 0-3 training program for the infant handicapped and their parents; a center-based program for persons from birth to adulthood (including approximately 150 preschool children) who are physically handicapped, mentally retarded and orthopedically handicapped; area day care centers for typically developing children; a University classroom for three-to-five-year-olds and a University infant center. All students participate in the two University facilities as well as the area day care centers to gain experience with children whose development is relatively typical. The program insures careful placement of students in practicum sites in relationship to their previous experiences, their major area, and their specific needs. Students spend two semesters in combined coursework and practical work with children at the practicum sites, and the third semester doing an internship (student teaching). This is sometimes spent on-site with the same cooperating agencies or programs that served as practicum sites.

Students have practical experience with a variety of professionals, such as occupational therapists, physical therapists, pediatric nurses, pediatricians, public health personnel, homemakers and licensing representatives from the Department of Children and Family Services, community agencies, United Cerebral Palsy representatives, and other resource/consultant groups or individuals. Seminars and presentations in a variety of formats are used.

Competencies

A comprehensive set of competencies for training personnel to deal with the very young child have been developed from coursework content and practica activities. The unique preparation of each student is determined and analyzed, because individual students enter the program with different experiences and possess different competencies. Differences in competencies are considered when the student's program is developed. Decision-making regarding the development of a student's program includes the student, the program faculty, observers of the student's work with children and parents, and practicum site personnel. Course content and competencies are planned to meet the needs of certification, as well as the practical needs of programs for handicapped young children.

Although students are enrolled in regular university courses, the nature of coursework is different from customary lectures. Competencies necessary to the effective planning and managing of educational environments for young handicapped children have been developed for each program area represented by special education, elementary education, home economics, and physical education. The competencies are arranged in four broad areas and cover the following knowledge and skill areas:

I. Assessment
   - A. Child find procedures
   - B. Criteria-referenced and norm-referenced measurement
   - C. Classroom diagnosis
   - D. Observational recording
   - E. Case study

II. Instructional Planning, Implementation, and Evaluation
   - A. Development of IEP's
   - B. Normal child development
   - C. Behavior management
   - D. Instructional delivery
   - E. Task analysis
   - F. Adaptation of instructional materials and curricula
   - G. Curriculum development
   - H. Staff utilization
   - I. Programming
     1. Motor (mobility, gross, and fine)
     2. Sensory or perceptual
     3. Communication
     4. Socialization
     5. Self-help
     6. Cognition
   - J. Self-help

III. Consultation and Training
   - A. Working with families
   - B. Training classroom support personnel
   - C. Functioning as a team leader
   - D. Working with community agencies and service providers

IV. Child and Family Advocacy
   - A. Knowledge of federal laws
   - B. Knowledge of state regulations
   - C. Knowledge of LEA organizations and procedures

All students contract for and attain competencies which are acquired from experience with handicapped and normal children, as well as from a thorough knowledge base of developmental concepts and principles. Students demonstrate knowledge competencies through satisfactory completion of written or oral tests, as well as in application activities. Skill competencies are demonstrated in the practicum sites and through accomplishing application activities. Content is organized in modules, seminars, and immediate practica experiences; other strategies include large group, small group, and individual instruction. Sample competencies are contained in Figure 1.

Figure 1
Sample of Student Competencies
for 0-6 ECH Personnel Training Project

STUDENT OUTCOME	PROCESS	PERFORMANCE INDICATORS: KNOWLEDGE	PERFORMANCE INDICATORS: SKILL
2.04.01 Demonstrate knowledge of statistics used in developing and scoring standardized instruments.	2.04.01 Study the programmed materials. Listen to class lectures. Participate in class discussions.	2.04.01 Given a test on statistics the student must be able to recall information on averages, percentages, and standard scores in order to pass correctly 90% of the items.	
2.04.02 Demonstrate ability to apply statistical knowledge to practical situations related to young children.	2.04.02 Examine simulated data and interpretations. Solve problems using necessary statistical procedures. Interpret simulated data.		2.04.02 Given a set of simulated data on selected instruments, the student must be able to correctly figure the standard score, convert the score to percentages, record the results, interpret the results statistically.
2.04.03 Demonstrate knowledge of principles of developing diagnostic, screening and assessment instruments for very young children.	2.04.03 Read selected materials, including books, articles, and ERIC documents. Examine selected instruments. Participate in group discussions.	2.04.03 The student will pass an essay test with 80% correct, listing and defining the principles of developing diagnostic, screening and assessment instruments.	
2.04.04 Demonstrate ability to apply knowledge in 2.04.03 to practical situations related to young children.	2.04.04 Write plans to accomplish the program listed under skill. Collect materials, make arrangements necessary. Discuss project with supervising teachers.		2.04.04 Prepare and present (to peers) a program explaining a planned screening and/or assessment program to a selected audience, for example: a) parents b) other teachers c) another group
3.01.01 Demonstrate knowledge of appropriate delivery strategies used with parents of children under six.	3.01.01 Observe strategies used, read selected literature, and listen to information presented by resource persons. Attend at least two parent meetings. Attend a 0-3 Advisory Council meeting.	3.01.01 Student can analyze selected approaches to working with parents.	3.01.01 Student must be able to plan and participate in a discussion of delivery strategies with the Saturday School teachers, the Macomb 0-3 CMSs, a preschool handicapped teacher, and two parents.
3.01.02 Demonstrate activities for a home visit, as a delivery strategy.	3.01.02 Observe videotaped home visits. Observe a home visit.	3.01.02 Student can list principles for planning and evaluating home visits.	3.01.02 Student must be able to write plans and carry out home visit activities for a particular child.

The 0-6 Project has been able to make a contribution to early childhood education with its competencies. They have been shared upon request with SEA personnel in Maine, West Virginia and North Carolina. An overview of the Project was presented at a national meeting held by the Personnel Preparation Division (PPD) in Washington and the office has had requests for further information from universities throughout the country. It has also been the subject of several articles in teacher education journals (Hutinger, 1981; Hutinger and Leigh, 1981; Hutinger and Swartz, 1979).

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Evaluation

Data collection instruments for determining answers to specific evaluation questions include several measures unique to the 0-6 Project. In order to determine and evaluate the activities of both students and faculty, a computer-based 0-6 Student/Staff Activities Accountability Program (0-6 SSAAP) is used. Administrative questions related to the amount of time students and faculty spend on various activities is provided through analysis of the SSAAP data. The program contains categories and activities developed by the 1977-78 students and faculty. Procedures include recording and coding daily activities on a Weekly Event Record sheet using discrete categories related to time, activity, location, and attendance of individual students and staff members.

Evaluation of student progress is accomplished through attainment of competencies, with records maintained in the Project Office. Attainment of competencies stated in measurable terms is an obvious and accurate way to measure behavior change. All students must demonstrate all competencies before they complete the Project. Students are counseled before entering so that very few drop out of the program.

Student evaluation of the program is accomplished through both informal day-to-day verbal communication and suggestions to the 0-6 team, as well as through responses to questionnaires and in individual interviews with one or more of the 0-6 faculty team. Practicum site staff evaluation of the program is accomplished through the use of questionnaires and through informal contacts with the 0-6 faculty team. Satisfaction of the 0-6 faculty team with the Project is determined by means of questionnaires and conferences with the entire team. The fact that three of the team were involved in beginning the Project and continue on the faculty team is one indication that the Project is effectively accomplishing its intended goals. Four of the practicum supervisors have also been involved with the initial planning of the Project and continue to work with 0-6 students. There is ongoing informal communication among faculty and practicum site staff with frequent meetings and social gatherings.

Evaluation of graduates' performance by their employers has been an integral part of the program. Employers report that they would hire the people again, express satisfaction with their performance, and cite areas where the individuals demonstrate strengths. Employers have also provided information which has led to changes in content, as have Project graduates.

Overall data on the Project indicates that it is providing program graduates with the necessary skills to be effective teachers of very young handicapped children. Such success is expected to lead to the use of the Western Illinois University 0-6 Early Childhood Handicapped Interdisciplinary Personnel Preparation Project as a model for the development of other teacher education programs for young handicapped children. Since experience is gained in rural sites, students have clear expectations and experiences related to the nature of rural communities and programs. They understand the difficulties in providing rural services, the scarcity of services and the strengths of rural people and communities.

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AN INSERVICE TRAINING PROGRAM FOR RURAL AREA PROFESSIONALS CONCERNED WITH EARLY CHILDHOOD SPECIAL EDUCATION

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During three years of model development, the Family, Infant and Toddler (FIT) Project* directed its efforts toward the development and establishment of community supported programs for preschool handicapped children and their families in rural areas where there were no existing programs. The project was guided by an ecological orientation (Gabel, 1979) involving a systems intervention approach to working within communities. The concepts within the project orientation and approach included viewing individuals as active members of systems, and viewing the entire community as being comprised of multiple and interdependent systems (Holahan, 1977). Thus, the project staff conceptualized a rural community as one system consisting of many subsystems such as families, church congregations, neighborhoods, extended families, service delivery agencies, and the like. Additionally, the project orientation included the view that each subsystem influenced and was influenced by all other subsystems. A project strategy emerging from this conceptualization was one of mobilizing two subsystems of the community considered most intimately related to one another within the dimensions of the project mission. Two of the multiple resources available in rural communities involved in service delivery are the clients and the service providers. The FIT Project linked itself with young handicapped children and their families and professionals employed in local and regional service delivery agencies.

The concept of a community supported program encompassed two programmatic objectives. The first objective addressed the development and delivery of a family-mediated program of services to young children with handicaps. The second objective was directed toward increasing the pool of trained professionals able to provide and/or guide the delivery of services in rural areas by offering training to rural area professionals. The FIT Project, based at George Peabody College of Vanderbilt University, operated educational clinics and professional inservice training programs in four rural communities in Middle Tennessee in order to accomplish its two primary objectives.

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Training Program

The training program emerged relative to the project objective of establishing community support programs that would continue beyond the years of the federally funded demonstration project. The mission of the training program was to enhance a community's ability to provide quality services by offering training to locally employed professionals. Goals derived from this mission included providing training in all aspects of educational intervention with handicapped preschool children and their families, program development and supervision issues, and strategies for procuring program funds.

A perspective of the training program was that rural areas contained a diversity of highly trained professionals employed in local agencies who already were providing for some needs of handicapped preschool children and their families. However, it was likely that individual agency staff lacked the specialized training required to comprehensively meet the educational intervention needs of these clients, thus allowing for major omissions in service delivery. For example, a mental health professional could provide assistance to parents in coping with some of the difficulties of having an infant who was handicapped, but may lack the information (i.e., child management, special parent needs, and so forth) to offer concrete suggestions directed toward alleviating some of the stresses. Similarly, a special educator could provide information concerning teaching strategies and program planning, but probably lacks the training in early childhood development to be able to provide for the child's educational needs. The program perspective was that with some additional training, rural area professionals would be able to provide quality, comprehensive services to young handicapped children and their families.

In keeping with the ecological and systems orientations of the project, specific strategies emerged in the operation of the training program. The approach of attending to the needs of individual professionals within their own agencies and within the broader context of the community's need for preschool special education services led to concern with issues such as co-ownership of project services. Other strategies addressed the expertise and territory of the trainees, and attention to the needs and roles of individual professionals and agencies relative to each other and within the contexts of the broader community. A project assumption was that the training program offered specialized training to qualified professionals already providing services, albeit piecemeal, to young handicapped children and their families. The training program was considered a resource available to the staff of rural agencies interested in engaging in a collaborative effort directed toward comprehensive service delivery.

It was anticipated that a by-product of the projects/agencies' collaborative effort would be the potential for local agencies to form linkage with each other in terms of general service delivery as well as with young handicapped children and their families. Participation in the training program offered individual agencies

the opportunity to share relevant information about their agency with other local agencies. Examples of relevant information included agency services, guidelines and constraints of the funding structure and source, staff expertise, and plans for the future. In addition, participants from community agencies were given opportunities to discuss locally relevant issues as they related to service delivery, and to plan a cohesive approach to influencing the resolution of local service delivery issues. Such discussions served to further communications among agency personnel and fostered the development of relationships, enhancing the probability of continued interagency collaboration concerning a range of issues.

Participants

Trainees. Professionals participating in the training program were full time employees of various service delivery agencies in the four communities engaged with the project. A total of 24 professionals participated in the program, with an average of five participants from each community. These professionals included private and public health nurses, child health and development workers, school psychologists, a director of special education services, a director of a local mental health center, social workers and parent trainers for the state regional facility for the mentally retarded, a Head Start handicapped coordinator, a high school teacher of early childhood development, a local school system special education teacher, regional directors from the Governor's Office of Child Development, and a local school system social worker from the special education division.

Participants' educational backgrounds ranged from completion of high school through Master's level training with additional continuing education credits. Professional experience at the beginning of training program participation ranged from none to over 20 years. Participants included one male and 23 females who range in age from 21 years to over 50 years.

Trainers. The training program coordinator position was a part-time (60%) position. Two individuals filled the position during the model development phase of the project. The training coordinators had Master's level training in either child development or special education. Each coordinator had a minimum of three years teaching in parent-mediated educational programs for infants with handicaps and experience in inservice training, program development and program coordination.

Program Structure

Content. The content of the training program was determined through informal surveys, addressing information and competency needs, conducted with preschool special education teachers and teachers involved in parent-mediated infant educational programs. The FIT Project training coordinators' experiences as teachers with handicapped infants and their families also provided a basis for some decisions concerning content. The results of the informal

surveys in relationship with overall project goals and training program goals led to a focus in seven areas of training. These areas of training and the general objectives within each area can be found in Table 1.

The objectives within each content area generally addressed acquisition of minimum skills and information necessary for effective intervention with handicapped preschool children and their families. Specific objectives and competencies within each area were developed relative to the needs and expertise of individual participants and the individual groups of participants from each community. The constellation of professionals (and agencies represented) in each group influenced the individual group's special needs regarding training. For example, one group had greater representation from public health and child health and development than the other three groups. This group had less need for training in developmental screening than the other groups, and had a greater need for training in educational programming than some of the groups. The training program was modified to fit the specific needs of each community group within the overall goals of the program.

Schedule. The training program schedule was designed with consideration of several program and community variables. The minimum of information and competencies deemed necessary for providing quality comprehensive services to handicapped children and their families was substantial. It was anticipated that participants would be skilled, practicing professionals seeking additional specialized training. Consideration of the program goals and content relative to the anticipated participants led to the conceptualization that a nine month program of weekly activities was adequate for trainee acquisition of skills and information needed for service delivery. Project staff realized that a nine month program of weekly activities was an extensive commitment of time required from agencies for staff participation. Though no fees would be charged, agencies were being asked to provide paid release time to their staff for the equivalent of 2 1/2 days per month for a period of nine months. However, the depth and breadth of proposed training, in combination with expected trainee achievement and the opportunity for "free" inservice training for staff enhanced agency receptivity to the time requirements.

The training sessions were designed in a format of four-week cycles. Each cycle was comprised of a three hour session in the local community, a full-day session typically held at George Peabody College in Nashville, a three hour session in the local community, and a practicum assignment to be carried out in the professional's job or elsewhere in the local community. Thus, the professionals were involved in training sessions three of every four weeks, then practiced independently during the fourth week. The activities of the four-week cycle were designed to provide exposure to an array of training experiences and resources.

Each three hour session in the local community consisted of a two hour seminar, and a one hour practicum with the children in the

Table 1

Training Program Content Areas

Content Area	Objectives
Infant and Early Childhood Development	Increased knowledge of development in the following domains: 1. sensorimotor 2. cognitive 3. motor 4. language/communication 5. social/adaptive.
Child Measurement	Acquisition of information regarding differences between screening, assessment, and evaluation functions and instruments. Acquisition of skills and/or information regarding 1. developmental screening. 2. educational assessment. 3. psychological evaluations. 4. vision and hearing screening.
Educational Programming and Curriculum Development	Acquisition of information concerning development and implementation of a general curriculum of activities. Acquisition of information and ability regarding development and utilization of equipment and materials appropriate to curriculum and individual programs.
Parent Training	Acquisition of abilities and skills in the development, implementation and evaluation of strategies and techniques in helping parents to 1. learn to be the primary teacher of the child. 2. effectively utilize family, neighborhood, and community support systems.

Table 1 (continued)

Content Area	Objectives
Parent Training (continued)	Acquisition of information and skill concerning leading parent groups. Acquisition of basic counseling skills.
Community Liaison	Development of techniques and strategies for most effective utilization and facilitation of interagency and family systems. Acquisition of knowledge about organizational structures and their influences on the types of service delivery systems and possible responsiveness concerning the target population. How to secure community support and funding for service delivery.
Influence of Handicapping Conditions on Development	Acquisition of information concerning cerebral palsy, mental retardation, visual impairment, specific handicapping conditions such as: 1. influence of handicapping conditions on functional ability 2. relationship between conceptual development, teaching strategies and specific handicaps.
Educational Intervention Strategies	Acquisitions of skills and knowledge regarding 1. teaching-testing-teaching techniques, 2. behavior management techniques, 3. observation of child-environment interaction.

Project's educational clinic. This seminar-practicum session provided a didactic-experiential mix that allowed professionals to practice application of seminar discussion topics under the supervision of project staff. The full-day session in Nashville permitted trainees to participate in lectures and workshops conducted by a variety of program consultants and guest speakers. Also, participants were exposed to an array of programmatic resources and information about the operations of other programs during this full day session. The independent practicum assignment allowed professionals the opportunity to practice specific skills or to apply and integrate newly developed skills into their jobs. It was expected that the diversity of training experiences would enhance the effectiveness of the training program

Program Operation

Seminars. As stated above, each three hour training session was divided into a two hour classroom presentation followed by a one hour supervised "hands on" activity carried out with the children in the FIT clinic. The two hour seminars were designed primarily for the presentation of theory and relevant research, in conjunction with discussion of concepts and background information needed for a firm understanding of the topics. Seminars also included information concerning application of the theory and research presented and handouts on related classroom or home activities.

Typically, seminars were planned and presented by the training coordinator. However, in light of the extent and the diversity of the experience of the trainees, ample time was allowed for discussion. In most instances, trainees were able to add to the depth and breadth of any presentation by sharing their knowledge and experiences with the other members of the seminar group. In some cases, a trainee presented a seminar (or a series of seminars) in his/her area of expertise. This added substantially to the feelings of co-ownership of the program and co-responsibility for the curriculum and for the accomplishment of program goals.

Once every four weeks, the trainees from all currently operating training programs came together for full-day large group sessions. This feature of the training program proved useful for three reasons. First, the Peabody-Vanderbilt campus was a centrally located site brimming with excellent resources in areas such as early childhood development, special education approaches and intervention strategies, child measurement, and the like. In addition, bringing all trainees together allowed the use of consultants as guest lecturers to the maximum effeciency by having them speak to all trainees at one time. The third beneficial aspect of bringing together all trainees was the opportunity it presented for the trainees to become familiar with each other and to use each other as resources. A feeling of comradery quickly developed when the professionals realized that their problems regarding services to children with handicaps were sometimes unique when compared with those of professionals from a large city, but were in no way unique when compared in discussions

with professionals from other rural areas. Frequently, a problem-solving session developed spontaneously among the trainees from the different communities. Also, when the time came for the communities to begin to seek funds for locally supported preschool programs, a healthy competition developed among the groups of trainees in their efforts to establish their own programs. At the same time, trainees demonstrated a willingness to share their successes and mistakes in order to help the other communities to progress in their efforts.

Practicum. The practica experiences planned for the trainees were built into the training program in two ways. One practicum was a one hour supervised "hands on" experience in the FIT clinic. The other practicum was an independent assignment session scheduled into the four-week training cycle on a rotating basis.

The one hour supervised practicum in the FIT clinic provided the trainees with the opportunity to apply the theory, research, and techniques discussed during the seminar. Participants, in the beginning, usually spent the hour observing the training coordinator and infant-parent teacher working with the children. The first weeks also were spent in casual play that allowed the trainees to become familiar with the children and to appreciate their unique personalities. As individual trainees gained confidence, each began to carry out activities that the infant-parent teacher had planned for the child. To the extent possible, trainees were given feedback on their individual performances. In the last phase of training, each trainee was able to plan and conduct activities with the child with whom he/she had been working on a consistent basis. Activities were reviewed by the infant-parent teacher and, for the most part, were related to the topic discussed in the preceeding seminar. Trainees moved through this process on their own time-table, determined by their own needs.

The second type of practicum experience occurred once every four weeks in the training cycle in lieu of the seminar. This practicum was carried out independently and was not supervised by project staff. These practica experiences encompassed a wide variety of activities. One of the activities included trainee visits to various regional agencies that provided services to persons with handicaps. Often, these visits were suggested and arranged by the trainees. Other practica were assigned by the training coordinator and included activities such as administering a screening instrument, developing an educational program based on a hypothetical evaluation, writing a task analysis and other relevant experiences. The practicum assignment was discussed in the seminar conducted the following week.

Often, trainees chose to meet together in the absence of the training coordinator to work on practicum assignments. These occasions proved to be particularly useful to the professionals as it gave them additional time to meet and discuss concerns such as obtaining additional services for children and families, developing their own locally funded programs, and issues of interagency coordination.

Materials. A variety of materials were obtained to enhance the quality of training by increasing the depth and breadth of information presented during the course of the program. Perhaps the single most important feature developed was the training library. Because the communities on which FIT impacted were small and located long distances from urban areas of significant size, there was a great need to provide the trainees with easy access to current literature on topics related to infant intervention and parent counseling. The library consisted of books, journal articles, newsletters, curriculum guides, and other pertinent materials. Since materials were transported in a large suitcase from site to site, the attempt was made to provide a sampling of reading in many areas. Number of materials and their size and weight was a limiting factor. Trainees were encouraged to sign the books out and return them within a reasonable length of time. The library proved to be very popular and was well used by the professionals.

In addition to the books available in the library, trainees were provided with extensive reading lists in content areas covered during the seminars.

Another feature that initially seemed insignificant but proved to be of importance was the training notebook. At the introductory seminar, each trainee was provided with a hardcover, three ring binder that included blank paper for note-taking and was organized according to the different content areas of the training program. During each seminar, participants collected and placed the reading lists, handouts, notes, and other materials in the appropriate sections of the notebook. Trainees appeared to value these notebooks highly. They always carried them when involved in FIT activities and they reported that they often referred to the materials in the notebooks when working with special children outside of the FIT clinic.

Many handouts were distributed to the trainees. For the most part, handouts contained suggested activities for working with children, positioning and handling suggestions, developmental milestones for each area of development, reading lists, and summary information to assist trainees in understanding and retaining information presented in the seminars. Additional handouts included items concerning special equipment resources, guidelines for federal program funds, sample child measurement reports, and information about parent needs and experiences.

Other materials used in the training program consisted of videotapes borrowed or purchased from other projects and agencies. The videotapes were especially helpful in seminars addressing assessment, sensorimotor development, motor development, and parent counseling. Often, substantial amounts of new information were being presented and the opportunity to replay or stop the tape allowed for greater integration and understanding of information. Many lecture topics were enhanced greatly with the visual examples in the videotapes.

Community Resources

As already noted, the project made use of resources within the communities in a variety of ways. The fact that the training program drew together qualified representatives from various service agencies allowed local professionals opportunities to share information, coordinate services for children enrolled in the FIT clinic, and provide temporary services to those children and families on the FIT waiting list who otherwise would have been without services. Visits to various local and regional service agencies allowed the trainees opportunities to learn about additional resources for children and families in their geographic area, as well as consultation and training resources for themselves.

The practice of using participating professionals as seminar lecturers in their areas of expertise and the sharing of ideas during seminar discussions was another valuable use of community resources. This strategy helped the participants become aware of the expertise available within their own community and increased the feelings of ownership of the project and responsibility for FIT Project children and families.

Communities provided many resources (in addition to children and professionals) which were considered to be "in kind" contributions. Churches provided a facility for the concurrent operations of the training program and educational clinic. Other community resources used by the project included educational materials and equipment provided by local school systems, Associations for Retarded Citizens, and civic organizations. Transportation needed for families was donated by Senior Citizens, Rural Health Care, and other community organizations. Varied uses of community resources proved to be important aspects of each community's efforts to develop and fund a local program for preschool children with handicaps.

The utilization of community resources was significant in effecting participants' views of their own roles in the project. Community contributions created feelings of pride and appreciation for what their own community had to offer and could accomplish with a little encouragement and guidance from an outside resource.

Evaluation Strategies and Results

Evaluation concerned both program and participant dimensions and provided formative and summative information. Participant dimensions included the acquisition of information and skills and change in the number of preschool children with handicaps served as well as the types of services provided by the professionals. The program dimensions included the relevance of seminar topics, practica and materials used and the effectiveness of seminar presentations.

Participant Evaluation

Prior to beginning training, all participants were required to complete a statement about their individual goals regarding their participation in training. Individual trainee skill acquisition was

evaluated according to the goals delineated by the participant. A Competency Assessment Scale (see Table 2) was used in evaluating skill acquisition. Assessments were completed by the individual professional and the training coordinator and, subsequently, reviewed by both. Following the review, each professional and coordinator discussed the assessments, then the completed forms were returned to the professional. The information obtained in the competency assessments was gathered primarily for the benefit of individual trainees. No systematic procedures were established for collecting data for project use. Consequently, no results from this scale can be reported here. The scale is included, however, as a potentially useful tool for program evaluation as well as individual assessment.

Table 2

PROFESSIONAL COMPETENCY ASSESSMENT RATING SCALE

Family, Infant and Toddler Project
George Peabody College of Vanderbilt University

Name_____ Location_____

Profession_____ Date_____

Evaluator_____

Rating Scale:
0 Item not applicable
1 Unsatisfactory
2 Below average
3 Average
4 Above average
5 Excellent

1. Demonstrates understanding of infant and child development.	0	1	2	3	4	5
2. Demonstrates understanding of specific handicapping conditions.	0	1	2	3	4	5
3. Demonstrates ability to set training goals for the						
a. child.	0	1	2	3	4	5
b. parents.	0	1	2	3	4	5
c. extended family.	0	1	2	3	4	5
4. Demonstrates ability to prioritize training goals appropriately for the						
a. child.	0	1	2	3	4	5
b. parents.	0	1	2	3	4	5
c. extended family.	0	1	2	3	4	5
5. Demonstrates ability to determine specific learning needs of the child.	0	1	2	3	4	5
6. Demonstrates ability to implement psychoeducational prescription.	0	1	2	3	4	5
7. Demonstrates ability and understanding of child management techniques.	0	1	2	3	4	5

Table 2 (continued)

8.	Selects and uses appropriate instructional materials with the						
	a. child.	0	1	2	3	4	5
	b. parents.	0	1	2	3	4	5
	c. extended family.	0	1	2	3	4	5
9.	Demonstrates ability to teach the following curriculum units:						
	a. Gross motor development.	0	1	2	3	4	5
	b. Hearing and speech skills.	0	1	2	3	4	5
	c. Nonverbal communication.	0	1	2	3	4	5
	d. Eye-hand coordination skills.	0	1	2	3	4	5
	e. Manipulation skills.	0	1	2	3	4	5
	f. Cognitive skills.	0	1	2	3	4	5
	g. Verbal and gestural imitation.	0	1	2	3	4	5
10.	Demonstrates sensitivity and responsiveness to the needs of the						
	a. child.	0	1	2	3	4	5
	b. parents.	0	1	2	3	4	5
	c. family unit.	0	1	2	3	4	5
11.	Demonstrates sensitivity to how having a child with handicaps can influence parents and family life.	0	1	2	3	4	5
12.	Demonstrates appropriate counseling skills in working with parents and families.	0	1	2	3	4	5
13.	Demonstrates ability to help parents learn to be the teachers of the child.	0	1	2	3	4	5
14.	Works positively with other professionals.	0	1	2	3	4	5
15.	Demonstrates ability to locate information and needed resources in meeting the needs of the child and family.	0	1	2	3	4	5
16.	Demonstrates awareness and sensitivity to own teaching-learning style, and self-limitations in serving children and families.	0	1	2	3	4	5

Comments:

Pretraining and posttraining data were gathered from participants regarding the families on their agency caseloads with preschool handicapped children. Upon entering the program, professionals were asked to complete a frequency survey of the services provided to handicapped children and their families during the previous two months. The participants were asked to complete the same survey upon completion of the training program, then at the end of the third and final year of the project. The results of analysis of the pretraining-posttraining survey data for eight professionals can be seen in Table 3. Analysis of the data gathered in the final survey conducted at the end of the project is currently in process.

Table 3

Frequency of Allied Professionals Reporting Percent of Families with Retarded Children to Whom They Provided Services.

Services Provided		Percent of Caseload				
		0%	25%	50%	75%	100%
Developmental Screening of Child						
	Before Training	6			1	1
	After Training	4				4
Educational Programming for Child						
	Before Training	6	1			1
	After Training	2	2			4
Suggesting Instructional Materials to Use with Child						
	Before Training	1	1			1
	After Training	2	2			4
Parent Training						
	Before Training	6	1		1	
	After Training	2	2			4
Parent Counseling						
	Before Training	6		1		1
	After Training	2	2			4
Diagnostic-Prescriptive Teaching with Child						
	Before Training	6	1			1
	After Training	2	2	2	1	1
Locating Community Resources to Meet Child's Needs		5	1	1		1
	Before Training	5	1	1		1
	After Training	2	1	1		4
Locating Community Resources to Meet Family's Needs						
	Before Training	5	1	1	1	
	After Training	2	1	1		4

The extent of participant acquisition of information was assessed on two different occasions using a pretest-posttest design. Two instruments were developed by the training coordinator for use in these assessments. One instrument addressed material presented during the first half of the training program and was administered both in the beginning and approximately midway through the program. The second instrument was administered midway through the program and at the end of the nine months

of training. The second instrument included some material from the first part of the training program as well as material presented during the latter part of the program. Analysis of pretest and posttest data for the first module instrument, using a one way analysis of variance for repeated measures, indicated significant change in information acquisition for two of the four training groups ($F = 13.36$, $df = 4$, $p < .05$; $F = 8.73$, $df = 6$, $p < .05$). The analysis of data for the remaining two community groups for the first module, and second module data for all four community groups is in process at this time. The data from the first two groups for the first module indicate that the participants did increase their understanding and acquisition of information presented in the training program. Sample items from the two instruments are shown in Table 4.

Table 4

Sample of Content Assessment Tests Items

I. Please answer the following questions by indicating whether the answer is True or False.

_____1. Many children with cerebral palsy also experience difficulties in speech development and may have visual impairment related to cerebral palsy.

_____2. In setting our expectations of parents, our major consideration should be the effectiveness of the educational program for the child.

_____3. Motor development follows a predictable head-to-foot pattern and goes from mass to specific activities.

_____4. It is as important to consider a child's affect (feelings) as well as cognition in developing the child's educational program.

II. Please fill in the following blanks.

5. Name two screening tools that can be used with infant and toddler functioning children.

a._____
b._____

6. Name six schemes of sensory motor development.

a._____
b._____
c._____
d._____
e._____
f._____

7. Name four ways of working effectively with parents of children who have handicapping conditions.

a._____
b._____
c._____
d._____

Table 4 (continued)

III. Please circle the correct answer(s).

8. Skill development in the young handicapped child
   a. happens with periodic involvement in a structured program.
   b. is the result of repeatedly engaging the child in a variety of carefully planned experiences.
   c. just happens.
   d. a. and c.
   e. all of the above.

9. Materials
   a. are usually appropriate as is on the market for the visually impaired, multi-handicapped child.
   b. usually tap only one or two areas of skill development.
   c. need to be adapted to meet individual learning needs.
   d. b. and c.
   e. all of the above

IV. Please indicate the age range within which infants and toddlers usually acquire and demonstrate the following behaviors. Indicate by circling 1 of 3 choices following each behavior.

10. Names object by function or use.
    12-18 months 9-12 months 2½-3 years.

11. Follows moving object with eyes.
    4-6 months 2-3 months 1-2 months

12. Begins to use pincer grasp for objects.
    6-8 months 8-10 months 10-12 months

13. Unscrews lids.
    9-12 months 12-18 months 18-24 months

V. In the following situations, please describe an adaption, modification or change which could result in more efficient and effective teaching/learning.

14. You are sitting behind a visually impaired child, talking to the child and encouraging the child to reach above and in front of her head to find a rattle as an activity for visual attention.

15. A child you are working with is learning to walk but is having some trouble with balance. You are standing behind the child, holding both of the child's hands above her head in assisting her in learning to walk.

16. Name four steps of a precision teaching approach:

    1. _____
    2. _____
    3. _____
    4. _____

VI. Please order these behaviors in a developmental sequence, numbering the behaviors 1, 2, 3,.....in the correct order.

_____Find object hidden under single screen.
_____Vocalizes in response to cooing sounds.
_____Imitates unfamiliar sound patterns by gradual approximation.
_____Drops or throws objects with no visual monitoring.
_____Shows objects (does not give) to others.
_____Stirs with a spoon in a cup.
_____Makes simple detour to obtain an object out of reach.
_____Uses stick as a tool to obtain an object out of reach.
_____Can walk backward.

17. Write up a task analysis for having a child drop a ball in a container (include a minimum of 5 prerequisite skills in sequence in your task analysis).

Program Evaluation

At the end of each seminar, participants evaluated the seminar for its content and the manner of presentation (see Table 5 for seminar evaluation form). Four items of the evaluation form were presented in a 5-point likert format; open-ended response opportunities were provided concerning the best parts of the seminar and suggestions for improvement. In addition, trainees were asked to evaluate the seminar relative to their experience at the time, and were provided an opportunity to make additional comments. Generally, participants rated seminars very highly on the likert format items with response opportunities ranging from most negative (1) to most positive (5). Collapsed mean ratings on these four items for three of the four communities at the end of the second year of the project were the following: 1) usefulness of information (4.35); 2) understandability of presentation (4.37); 3) organization (4.29); and 4) interest level (4.47). The completed evaluation forms were reviewed regularly by the training coordinator and subsequent seminars were modified according to the evaluative information. Professional positions were identified on the individual rating forms so that information about the relevance of topics in relation to specific professional needs would be available for retrieval.

Table 5

Seminar Evaluation Rating Form

Date_____ Your Position_____
Seminar Topic_____ Location _____

1. I found the information of this seminar to be

1	2	3	4	5
Not useful				Very useful

2. The presentation was

1	2	3	4	5
Difficult to understand				Easy to understand

3. The seminar was

1	2	3	4	5
Disorganized				Well organized

4. The way the information was presented was

1	2	3	4	5
Not interesting				Interesting

5. This experience has been
   _____a. worth the time spent
   _____b. too long
   _____c. too short

6. The best parts of this seminar were:

_____

7. The seminar could be improved by

_____

Additional Comments:

_____

Another method of evaluation was the collection of attendance data. Attendance was remarkably high in view of the facts that all the trainees were full-time employees of service delivery agencies; while given release time to participate in training, they were not given relief from their full caseload of responsibilities. The median average attendance for 24 participants at the end of the second year was 69% - 71%.

The training coordinator maintained anecdotal records on all training sessions as a means of monitoring and reporting activities, political climate, community dynamics, and successes and failures of training activities.

Generally, evaluation results indicate that this type of program may be effective for specialized inservice training with rural area professionals. In addition to participants evidencing increased knowledge (content assessment), they also perhaps indicated experiencing this program as generally effective in meeting their needs (attendance, seminar ratings).

Special Problems

No one likes to admit openly to mistakes or to make shortcomings public. However, the mistakes made in the training program are presented here humbly in hopes that these same pitfalls can be side-stepped, or at least anticipated by other engaging in similar activities.

The universal problem of developing a curriculum which will meet the needs of all individuals within a group seemed magnified in the FIT training program. By drawing representatives from a wide variety of agencies, it seems that there was an increase in the diversity of the background experiences and skills and knowledge of the individuals within the training groups. As explained elsewhere, this problem was handled and partially solved by occasionally asking a trainee to conduct the seminar, also by encouraging trainees to share their own relevant experiences with the group. The word "relevant" is the key here. What, on the one hand, was a strength sometimes turned into a weakness when sessions which began as an informative sharing of ideas became sidetracked, or even derailed entirely, and degenerated into social meetings or competitions to see who had worked with the most difficult family.

When an open forum of the type in this program is being encouraged, it is very important that the trainer have the group leadership skills to keep the group on-task. Also, sharing the ownership of the program increases the trainee's feelings of responsibility in accomplishing program goals (and thus, perhaps keeping on-task).

In looking back, it seems that a more formal needs assessment would have been very helpful. The trainees were asked informally what subjects they were interested in covering in upcoming seminars. Few suggestions were given by the trainees. A more structured instrument may have given the trainees a clearer picture of what topics were possible and may have helped them to better organize and evaluate the usefulness of each topic for their own work.

Coordinating the one hour practicum in the FIT clinic was a challenge during the first year of the project. There were often more professionals than children present, and trainees were shy about being observed while working with the children. Also, walking out of a two hour seminar and immediately into the children's group allowed no transition time for trainees to become familiar with the child's activities for the day or to find out what the child's behavior had been for the morning. Until better procedures were established, trainees expressed a great deal of frustration about the lack of structure and transition time in the practicum.

Data collection always presented problems. There never seemed to be time to complete evaluation instruments. If forms were not completed during seminars, they often were never completed. The trainees typically had to rush off to their jobs at the end of the practicum, if not having to leave a few minutes before the end. It was difficult to request additional time from the trainees for filling out forms, particularly since they were busy, full-time service providers. Mailing evaluation forms to trainees did not work for gathering data; the forms seemed to find their way to the bottom of one of the infamous desk piles with which we all have some familiarity.

Communication between seminars sometimes was a problem. In addition to long distance charges for telephone calls between trainers and trainees, the trainees were involved with clients and "in the field" for entire days, even series of days.

These problems became less problematic when brainstorming occurred in open discussions about the difficulties, either during seminars or between the trainer and the individual trainees. When viewed in respect to the overall accomplishments of the training program in the communities and the individual achievements of the participants, they become relatively minor in comparison.

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TRAINING RURAL VOLUNTEERS TO DELIVER SERVICES TO HANDICAPPED INFANTS: THE D.O.T.S. APPROACH[1]

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The DEBT Outreach Training Staff (D.O.T.S.), a federally funded outreach project, was funded in 1977 to train personnel to develop home-based programs that provide comprehensive services for parents of young handicapped children. D.O.T.S. originated from DEBT (Developmental Education Birth to Two), a home-based teaching program designed to help parents secure the skills they need in working with their developmentally delayed/handicapped children. Originally funded in 1974 as a demonstration project by the Bureau of Education for the Handicapped (BEH), Project DEBT is now sponsored and supported by the Lubbock (Texas) Independent School District, under the auspices of the Department of Special Education.

The DEBT model was developed on the assumptions that early identification and intervention are critical; that parents are potentially the child's best teacher; that a warm and nuturing home is the best atmosphere for learning; and that parents can use community resources most optionally when supportive assistance is available. The objectives of DEBT, based on these assumptions are 1) to improve the developmental progress of the infants served; 2) to improve parental interest and involvement in the parenting role; and 3) to integrate the Project into the community human service delivery network. DEBT is successfully achieving its objectives as was demonstrated when the Project received Joint Dissemination Review Panel (JDRP) approval in 1980.

The function of D.O.T.S., the outreach project, is to 1) replicate the DEBT model; 2) recommend a procedure for identifying young handicapped children in rural communities; and 3) provide a system for locating and utilizing services offered by state and community agencies.

The general purpose of this paper is to describe the activities of D.O.T.S., and, in particular, to delineate the procedures and techniques used in recruitment and training of volunteers. The purposes and functions of D.O.T.S. will be described first, and the specifics of the volunteer training strategies will be delineated and explained thereafter.

Volunteer Training: The Purposes

The training of volunteers has two major purposes. The first is that persons participating in the volunteer training acquire the basic competencies needed for identifying young handicapped children. Particular attention is focused on the early years. A corollary to

this first purpose is that volunteers gain an understanding of the services available within the educational framework and system. The second purpose is that educators and volunteers become informed as to the services provided through the various state and local agencies. The assumption that handicapped infants are more likely to obtain needed comprehensive services (and thus increase their well being) if community caregivers are aware of the full spectrum services available to handicapped children and their families is the rationale for this approach.

The volunteers' training is composed of 1) preservice training; 2) field experiences at the DEBT Model site; and 3) on-site evaluation and data-based reports from the replication sites. Pre and post-tests are administered during the various phases of training in order to measure the competencies of the volunteers, as well as to evaluate the effectiveness of the training.

Volunteer Recruitment

Recruitment of volunteers is one of the major components of the D.O.T.S. service strategy. A campaign designed to increase community awareness of the need for volunteers is started via distribution of the DEBT Newsletter; in addition, an introduction of the purposes of the D.O.T.S. Program is made available to all interested community groups. Personal contact with each area's school superintendent and service providers is made routinely; these initial starting points serve the program well. Key contact people are identified and located, and DEBT presentation are arranged with PTAs, social and civic organizations, study clubs, and informal small group meetings.

The next step is to identify a group of individuals interested in participating in Outreach training. The most essential qualification for volunteer training is the love of children. Volunteers usually include parents of handicapped and non-handicapped children, grandparents, foster parents, nurses, teachers, social workers, retirees, and others. Each comes with his/her own area of expertise, thereby adding interest and variety to each training session.

Preservice Training

The preservice training, entitled "Getting to Know DEBT," is a comprehensive overview of and introduction to the DEBT model. Volunteers are educated in the topical areas of early childhood, handicapping conditions, assessment devices, educational planning/programming, and interpersonal communications. Each training session is approximately four hours in duration. In addition to these didactic, instructional sessions, the volunteers are able to supplement their training by checking out DEBT reference materials to review at home. The first session typically encompasses developmental milestones in children, high risk factors in parents and children, and medical terminology.

Child Development

In reviewing and introducing child development (as in any other area covered in D.O.T.S. training), it is virtually an impossible task to discuss fully a child's early years in a four hour session. D.O.T.S. has attempted to resolve this problem in part by developing a slide presentation which demonstrates the four major areas of child growth and development: gross motor, fine motor, personal-social skills, and expressive-receptive language. The volunteers bring with them a wealth of personal experiences with children, and, in conjunction with the slides, the volunteers are given the opportunity to discuss the developmental stages. Beginning with birth, each of the four major developmental areas are presented pictorially in order to highlight the prominent milestones. Didactic presentations and round table discussions accompany the slides.

Stress is placed on being accurate behavioral observers of children. Many volunteers request some type of guideline to use in differentiating "normal" from "abnormal" behavior in children. At this point in the training, we have found it beneficial to offer the criterion of "what looks 'normal' probably is," and the volunteers have incorporated this criterion as an acceptable standard. Although probably less than an ideal standard, we nonetheless chose it in order to get the volunteers to rely on their judgment and to sharpen their skills in behavioral observation. After further didactic training, the volunteers come to have a better data base and intuitive feel for discriminating "normal" from "abnormal" behavior. This distinction is emphasized as being context-dependent, viz., what is normal at one stage of development may be abnormal at another. A "normal" age range for each milestone is brought out through the volunteer experiences and via additional child development research material. D.O.T.S. trainers hand out a small sampling of developmental milestones, and each volunteer is requested to fill in the approximate age level that would be required typically for successful accomplishment of that task or behavior. This affords an excellent opportunity to discuss individual differences among children and allows the highlighting of the uniqueness and individuality of each child.

During the slide presentation, attention may be devoted to a particular milestone. In an attempt to teach the volunteers how to conceptualize the sequence of behavioral steps necessary to perform a particular act, volunteers are asked to give a task analysis of the skill at hand. It has been profitable to ask volunteers to demonstrate and describe simultaneously each sequential step required to reach a milestone. An example of this is to ask a volunteer to get into a sitting position to perform that behavior. Furthermore, this strategy demonstrates the fact that skills build on one another, and helps the volunteers better conceptualize the many individual skills and acts that are required to perform a more elaborate behavioral response.

In order to display the various forms of infant oral communication, a tape recording of children's language was made. The volunteers listen to differentiated cries, coos, babbles, laughs, vocal play, and verbal articulation of a three year old's sentences and questions.

In this manner, D.O.T.S. trainers attempt to point out discriminative vocal cues to the volunteers that will allow better understanding of preconversational speech.

Attention is then directed towards the D.O.T.S. training notebook, which contains a comprehensive child development scale. A variety of other child growth and development materials such as journals, resource books, and films are made available for inspection and supplemental study.

Practice in observing and interacting with children is begun at this stage. Each volunteer is assigned to watch a child with specific attention focused on observing many of the routine behaviors and skills. Then, they are asked to list the prerequisites necessary for accomplishing a particular task.

A word about the attitudes of D.O.T.S. trainers is appropriate here. In the first session, as well as throughout the training, our experience has been that a supportive, encouraging attitude is a tremendous asset to our program. The generous use of constructive feedback, positive reinforcement, and an oppenness to new experiences tends to facilitate volunteer participation and eagerness. Keep in mind that some volunteers find new training rather threatening; making the training experience a comfortable, positive one will surely increase their enthusiasm and intensity of participation. Patience and a sincere desire to help are certainly two most facilitative attributes.

High Risk Factors in Parents and Children

Vulnerable infants are defined to the volunteers as babies whose early appearing aberrant development is related to diagnosed medical disorders. Also, infants who have limited early life experiences are categorized as environmental risks. Infants presenting a history of prenatal, perinatal, and/or early development events suggestive of biological insult(s) to the developing central nervous system and which increase the probability of later aberrant development are classified as at-risk (see Tjossen, 1976, for further details).

This training session is composed of lecturers giving specific information about the four critical time periods (e.g., prenatal, perinatal, neonatal, and postnatal). The D.O.T.S. team has developed a high-risk checklist, and this is distributed to the volunteers. The volunteers are apprised about normal body proportions, mobility and movement patterns, shape, symmetry, color, and muscle tone in the young child. Environmental and external stimili influencing the development of these attributes are discussed. Comprehensive information is provided about factors known to contribute to perinatal loss and at-risk status in surviving infants. Sample case histories of children referred to the program are distributed to the trainees. This activity gives the volunteers exposure to and the opportunity for studying medical reports, socio-economic information, and educational data. This training experience has been found to be quite profitable in terms of helping the volunteers identify high risk factors in the child's background.

Medical terminology and educational jargon are discussed also. A glossary of medical-educational terms compiled by D.O.T.S. is distributed to the participants for use as reference materials.

Handicapping Conditions and Physical Management Techniques

The second session presents information about the characteristics and implications of prevalent handicapping conditions. Physical management techniques are discussed also during this session.

With the assistance of filmstrips, resource books, consultants, parents and DEBT-prepared materials, the D.O.T.S. team encourages an open and stimulating discussion about handicapping conditions. The purpose of the discussion is to provide accurate information about many handicapping conditions and to dispel myths that often surround "exceptional" children. Love Your Baby is used as a gentle yet informative resource to deliver the facts about handicapping conditions. The filmstrips from Mental Retardation: Causes and Preventions are viewed during this session. This restates and reinforces the information discussed during the lecture session.

The importance of appropriate physical management and the techniques used when handling a child are covered during this training session. Physical management tends to be an area in which volunteers initially are hesitant to attempt. The D.O.T.S. team provides structured experiences that enable the participants to acquire the basic competencies needed in teaching a physically involved child. The Neuro-Developmental Techniques advocated by Karl and Ruth Bobath are utilized. The objectives, guidelines, and intervention techniques are discussed and demonstrated by the D.O.T.S. team.

The implications of various handicapping conditions are explained to the volunteers. Knowledge is acquired concerning fluctuating muscle tone and dimensions of severity. The D.O.T.S. team demonstrates and explains positioning options, reflexes, effects of varying muscle tone, and the ingibition/facilitation of muscle tone. Volunteers participate actively in these demonstrations. With the use of a Raggedy Ann Doll, the D.O.T.S. team is able to depict visually appropriate handling techniques. Seeing what proper management can do to facilitate normal patterns reinforces the value of the printed materials. The important part of this training session comes in actual hands-on management for the volunteers.

As we mentioned, the volunteer's first experience with handling occurs with Raggedy Ann. Then, with the help of DEBT parents who are willing to let others hold and handle their child, the volunteers experience the differences in children's muscle tone. Specific vocabulary terms are stressed in this session since many of the words and phrases are unfamiliar to the volunteers. The medical nomenclature and glossary of terms in the training notebook are emphasized. Resource materials are displayed and are referenced many times during the session. If possible, licensed therapists are secured to attend this session so that they might share their expert information. Also, local physical therapists and/or occupational therapists are invited when available and mothers who have had extensive experience with their own child(ren) who are after valuable tips and advice.

Assessments

The third day of training focuses on the need for assessment and the procedures for doing so. Early diagnosis is stressed as important so that compensatory intervention techniques can begin immediately. The distinction between screening and assessment instruments is made and discussed. The variables to be considered when administering an assessment are covered and a variety of instruments are demonstrated by the D.O.T.S. team.

The purpose of the session on assessment is to provide the volunteers and/or parent(s) with information that will help them develop an appropriate educational program for the child. The DEBT Program has selected the Denver Developmental Screening Test and the Koontz Child Developmental Program for assessment devices. These two measures have been found to provide the information required by the DEBT teachers to develop the child's individualized educational plan (IEP). These measures can be administered by a parent and are observational in design and nature.

The D.O.T.S. team introduces and explains the procedures for administering, scoring, and understanding the results of each device. Detailed handouts have been prepared and are given to the volunteers to keep with their training notebooks. The volunteers "walk through" and practice the procedure and become familiar with the various items and questions of each assessment devoce. During this session, young children referred to the DEBT Program are brought into the training session. The volunteers are divided into pairs and administer the assessment devices to the children. This activity allows the volunteers to have "hands on" experience in the assessment of handicapped children. Additionally, the volunteers are encouraged to do practice administrations on their own. At the next training session, volunteers review comprehensive case studeis, interpret the test scores, and develop the child's IEP.

Educational Planning

As with many of the other training sessions, educational jargon may be new to the volunteers and the first agenda item is to explain terms and abbreviations. D.O.T.S. utilizes the special education lingo with the volunteers. The reason for this is that that the volunteers will come into contact with these terms frequently and thus need to understand the language. Also, a second purpose is to acquaint the parents with such terms so as to better prepare them for interaction within the school setting. Usually, the terms (e.g., IEP, ARC) are listed on a blackboard and each is explained.

At this point in the training volunteers have been through high risk factors, child development, physical management, handicapping conditions, and assessments. This session attempts to tie together all of the previously presented material by offering various samples of available curricula for working with a child. Demonstrations on how to use and extract ideas from each source are offered.

Books on specific handicaps are explored and activities with special children are reviewed. The task analysis approach is studied and implemented. The forms used by the DEBT Program are introduced, and selected aspects of the DEBT GOSPEL are reviewed. The IEP is explained and suggestions for writing the objectives and goals for each of the four major developmental areas are offered. It is stressed to the volunteers that while the IEP is to be used as a guide for the home teaching, flexibility is necessary. The importance of being flexible, depending on the child's needs during a particular visit, is emphasized.

Once the didactic components are covered the volunteers are presented with a case history of an anonymous child, complete with medical profile and assessment data. The volunteers usually are paired off and are given the assignment of either a high or low tone child. Complete records are reviewed. The volunteers then are asked to synthesize their knowledge about child development, the handicap, physical management, assessment, and the whole child in order to construct an appropriate sample educational plan for that child. The training session is titled "On Your Own", and the volunteers are left to venture out, explore and create a lesson for the child. The D.O.T.S. session leader is available to offer assistance, but volunteers are encouraged to discuss and experiment with ideas among themselves.

Communication Skills

The final session traditionally includes the volunteers in activities that encourage positive, supportive interaction with others. The objective of the session is to evoke discussion about attitudes toward the handicapped child, and to discuss parental involvement with the child. Emphasis is placed on the parents' role and the active part they have in their child's development. The volunteers are acquainted with the fact that parents are dealing with and working through a variety of conflicts and struggles in their daily interaction with their child. The volunteers are encouraged to view their roles as supportive and to provide opportunities and experiences for positive parental involvement.

The D.O.T.S. team has developed an informal attitude scale which has been used during this final session. The volunteers communicate their feelings and attitudes by reacting to the statements on the attitude scale. The discussion is geared to stress the differences in individual attitudes and needs. In this way, volunteers are assisted in gaining greater insight and understanding as to the types of responses, attitudes, and feelings which they potentially might encounter in their work with handicapped children and their parents.

Placement of Volunteers

Following the completion of the training program, the volunteers are placed in positions of service most fitted to their skills and desires. The volunteers found to be most proficient at working directly with infants are assigned the duties of going into the homes. Other volunteers serve as spokesmen for the DEBT program, as coordinators for special projects, as public speakers and so on.

Those volunteers who work in the home with parents and infants are expected to accept the parents as full-fledged members of the transdisciplinary team that works with the child. The volunteers are encouraged to accept the parents for who they are and to establish a clear two-way communication system. The volunteers' role as home teacher is re-emphasized. The D.O.T.S. team's expectations for the volunteers, and the volunteers' responsibilities, are outline and summarized briefly. The volunteers then are assigneed individual children and the training sessions conclude with a DEBT-developed slide presentation entitled A Lonely Child.

The D.O.T.S. team continues to offer encouragement, to provide consultation, to promote community awareness, and to monitor the needs of the volunteers and the replication sites. By virtue of this continuous involvement, much of the well-known volunteer burn-out syndrome is eliminated. The volunteers' needs and competencies are evaluated routinely by the D.O.T.S. team. These evaluations are utilized in an attempt to match the volunteers' needs with the appropriate training experience and teaching strategy. In this way, volunteers are continuously updating their skills and reviewing indirectly the materials presented originally in the training sessions.

Additionally, monthly meetings are held at each replication site. The volunteer coordinator in each area is asked to organize the meeting, assign new children to the volunteers, collect assessment data, and to discuss any concerns that may have developed. Volunteers learn to work together and to provide the critical services needed in the rural area.

Each volunteer comes with their own unique talents and each takes to a family a combination of love, talent, knowledge, and concern. The volunteers have succeeded in increasing community awareness and in expanding direct services to handicapped infants in rural America.

Research and Evaluation

D.O.T.S. always has felt a strong commitment to research and evaluation. Realizing the necessity for presenting evidence of program effectiveness, D.O.T.S. has employed a vigorous research effort in an attempt to demonstrate and document the impact of its efforts. A variety of research strategies has been helpful to D.O.T.S. Standardization of forms and evaluation devices have streamlined the collection of data in general, and research efforts in particular.

One type of evaluation strategy is used for assessing the impact and effectiveness of D.O.T.S. training. Pre- and post-tests are completed by the volunteers, and statistical tests are run in order to detect statistically significant improvements in the scores. Simple paired comparisons t-tests usually suffice for this purpose. In addition, participants attending these training sessions also anonymously complete an information sheet which assesses personal (e.g., sex, race, age, etc.) and professional (e.g., education, numbers of years of experience working with handicapped children, etc.) data. Aside from compiling descriptive statistics on individuals trained in the sessions, this information will hopefully serve as a data base from which multiple regression equations and discriminant analysis functions can be derived. The ultimate purpose of these statistical maneuvers is to identify those variables which serve best as predictors of which volunteers will complete the training and eventually do the best jobs. This project is still under development.

Conclusion

Our focus in this paper has been to describe and delineate the strategies that we have employed successfully in the recruitment and training of volunteers. Our results with this model have been profitable, and we encourage other programs similar to ours to utilize our model or selected components of it. Volunteers can be a vast source of person-power in rural America, and we believe that we have devised an efficient strategy for training volunteers to be effective interveners in the lives of handicapped infants and their parents. D.O.T.S. would like to extend an invitation to others to correspond with us if we can provide further information on any aspects of our program. Please address all inquiries to:

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Lubbock, Texas 79401
(806) 747-2641 Ext. 456

References

Tjosser, Theodore, D. Intervention strategies for high risk infants and young children. Baltimore: University Park Press, 1976.

About the HCEEP Rural Network

The Handicapped Children's Early Education Program (HCEEP) Rural Network is an association of professionals representing educational programs for young handicapped children in rural communities. Members are drawn primarily from projects supported by the HCEEP, Office of Special Education, Department of Education. Formed in 1978, the Rural Network undertook to provide a voice for rural America's young handicapped children and their families. The network aimed to increase educational opportunities for this population through the accomplishment of a variety of activities. Participating projects also intended to enhance their own effectiveness in providing educational and supportive services in rural areas. For further information, contact:

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